STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 23 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) STIVIO ZIN S	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Open Democracy Action	
(Name of partnership, firm or corporation)	
Here Hark Street #301 Concord NH 03301 Business Address: (Street) (Town/City) (State) (Zip Code)	
() 603-715-8197 () e-mail <u>Olivia@ opendemo</u> (Fax)	sroc
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate reported to any one client).	t for
All reportable transactions occurring in the months prior to the reporting date relative to the following client:	
(Full Name of Client as it appears on the Lobbyist Registration Form) OR	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below whic unrelated to any particular client.	h are
IV. Date of Report April 24, 2019 \(\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline	
October 30, 2019	
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses	
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B — Report of Honorariums or Expense Reimbursement	
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions.	itions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is and complete to the best of my knowledge and belief.	true
(Signature of lobbyist) April 23 2019 (Date)	
Olya Zink (Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

Addendum A
(RSA Chapter 15:6)

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	APR 2 3 2019
I. Name of Lobbyist(s) OINQ ZINK	NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:	DEPARTMENT OF STA
(Name of partnership, firm or corporation) (Name of partnership, firm or corporation)	· <u> </u>
III. Name of Client	Date
	,
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the to lobbying, including fees for services such as public advocacy, government reincluding research, monitoring legislation, and related legal work. The gross reduced by any expenses:	elations, or public relations services
a) Total of all fees received in this reporting period	a)\$8(68.—
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report fees. Separate reports are to be filed for expenditures made relative to each clithe lobbyist(s)/firm that are unrelated to any one client a separate report mat Expenses are to be reported in one of three categories of expenses: (a) the aduring the reporting period for salaries, benefits, support staff, and office expendividual expenses where the expenditure was of \$25.00 or less (for example: lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, econtributions will be reported on separate addendums and should not be reported	ent and if expenditures are made by y be filed for the lobbyist(s)/firm. ggregate total of all expenses paid enses; (b) the aggregate total of all meals purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); and ng period of greater than \$25.00 for of greater than \$25, purchase of a than \$25, but not greater than \$50, xpense reimbursement, or political
	a)\$8(08
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in section VI.	c)s 498.59

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1366.59
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns \$1,366.59
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Saint Pauls Church (Granny D Lunch)	s_300. [—]
Sam's Club, Concord NH	s <u>183,</u> 35
Vannis Pizza Deerfield NH	s 15 2H
	\$
Solaries + Benefits	s_868
	\$
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Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
(Signature of lobbyist)	April 78 (Date)
C. OLIVIA ZINK	
(Print Name of lobbyist)	